SonoPath
Clinical Sonography & Telecytology
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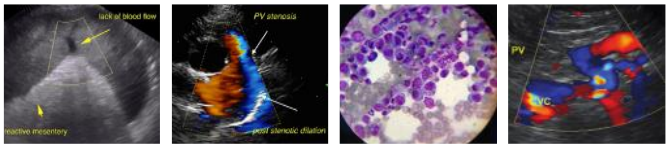

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nala Kopelman

SPECIES

Canine

BREED

Mixed

SEX

SF

AGE

12y 10m

WEIGHT

44.6 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. White

INVOICE

14833

DATE

9/8/22

PRESENTING CLINICAL SIGNS

O CONCERED ABOUT RAPID WEIGHT LOSS. P HAS NOT BEEN INTERESTED IN EATING HER OWN FOOD FOR THE PAST FEW WEEKS. P WILL ONLY EAT SOME COOKED CHICKEN AND TURKEY. P HAS ALSO BEEN COUGHING FOR THE PAST TWO WEEKS. THE COUGH IS DRY AND NOT PRODUCTIVE. Abnormal PE/Chem/CBC/UA Results: Lymph Nodes: Symmetrical, no changes in size, shape, consistency, except R popliteal seemingly slightly larger than L Musculoskeletal: Ambulatory x4. Stilted gait in HL. Difficulty standing up. BCS 4/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the uterine remnant or iliac trifurcation including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was not definitively visualized. Correlation with patient history is recommended. Potential for splenic volume contraction is possible is no previous history of splenectomy. No obvious pathology was noted in the area of the previous spleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, nondisruptive, mildly nonhomogeneous to mildly hyperechoic nodule was present in the right liver measuring 3.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, primarily dependent, mildly hyperechoic gallbladder debris. No sonographic evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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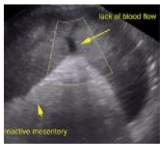

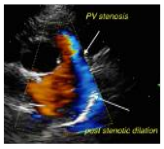

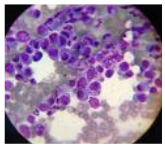
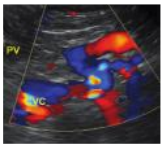

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Gastrointestinal

The stomach was non distended with luminal gas. The visualized gastric walls were sonographically normal. The ventral gastric body wall width measured 0.30 cm. No evidence of gastric distention with retained ingesta, fluid, or overt foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.34 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Mild hepatic parenchymal remodeling with solitary nonspecific right intraparenchymal nodule
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver nodule was nonspecific with considerations including benign focal hyperplasia or potential lipogranuloma. Neoplastic criteria for the liver nodule is considered less likely, yet cannot be definitively excluded. Assuming normal clotting status and if accessible, ultrasound-guided FNA of the liver nodule for screening cytology could be considered. Otherwise, sonographic monitoring of the nodule for evidence of progression with initial recheck in 1 month would be a more conservative approach.

Overall, a definitive cause of the patient's weight loss and inappetence was not obvious. Potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, both of which may present as sonographically normal, cannot be excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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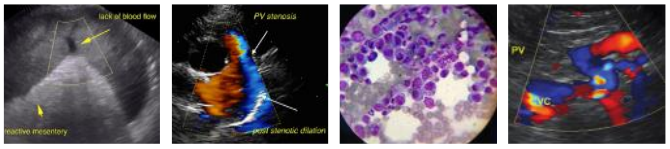

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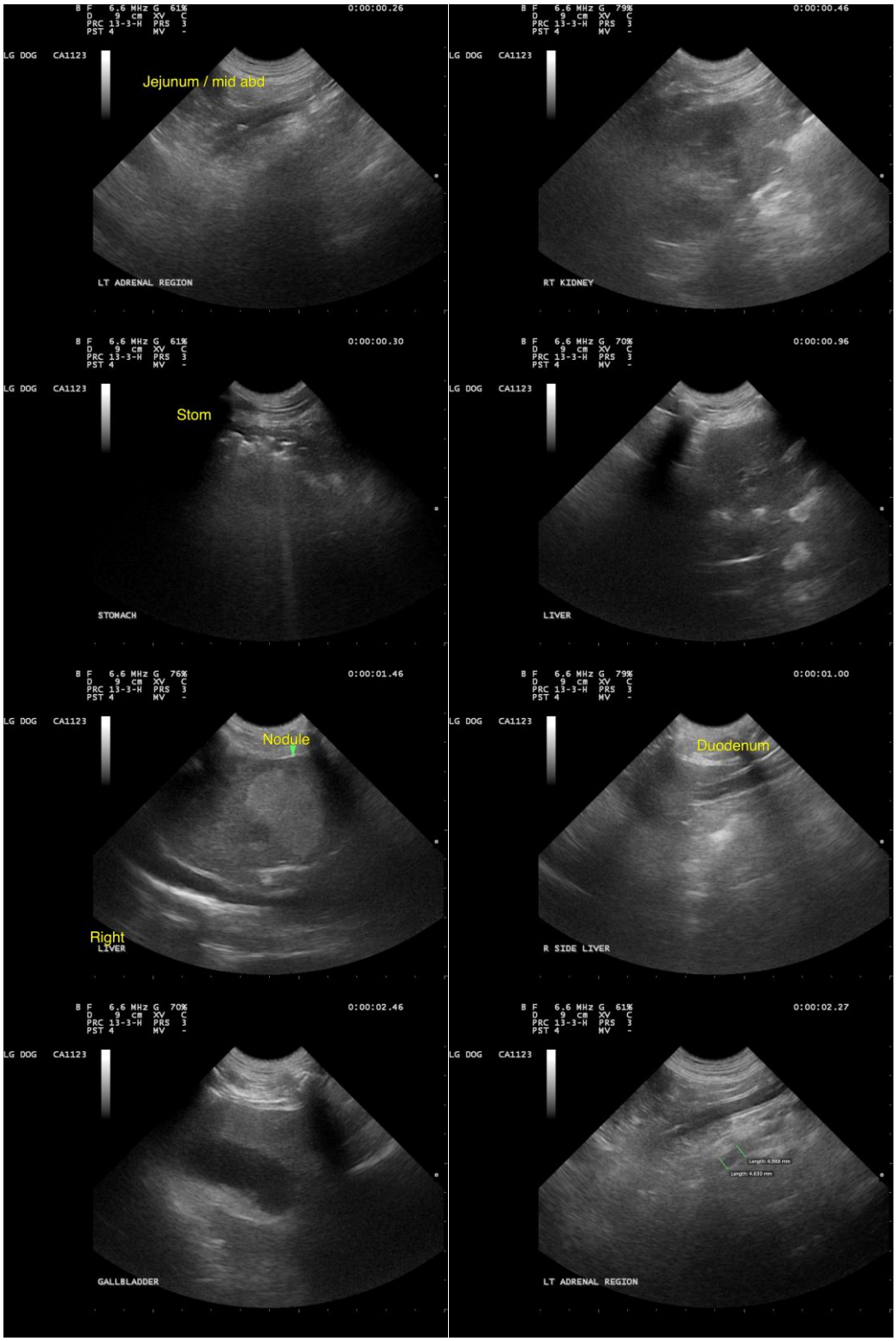

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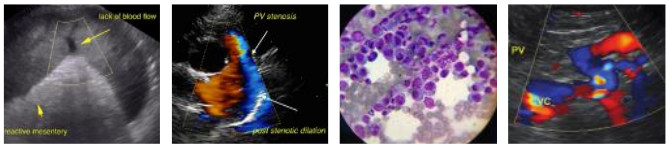

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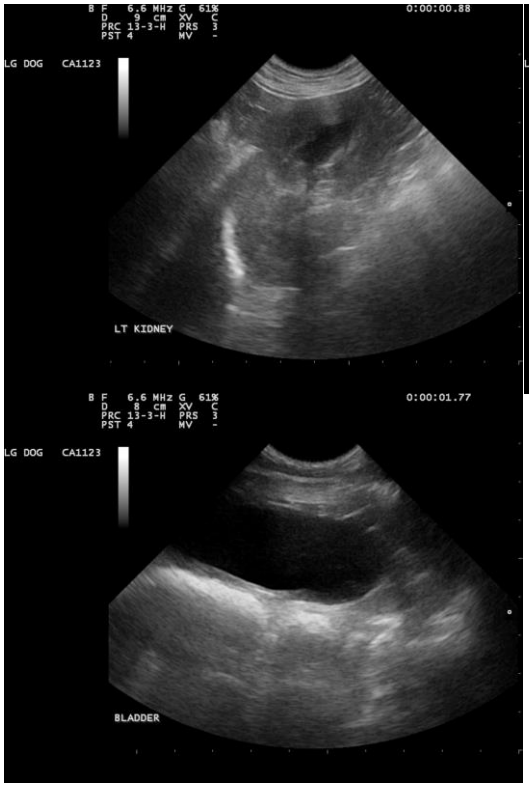

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com